PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademarko Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it disables useful ADV section.

Under the Pa	respond to a collection of information unless it displays a valid OMB control number							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known  Application Number 10/562,554-Conf. #8229				
·						December 28, 2005		
FEE TRANSMITTAL				Y =		Hidekazu MORI		
For FY 2009						K. A. Parendo		
Applicant claims small entity status. See 37 CFR 1.27				<del>                                     </del>		2823		
TOTAL AMOUNT OF PAYMENT		<b>(\$)</b> 180.00		· · · · · · · · · · · · · · · · · · ·		4670-0114PUS1		
METHOD OF	PAYMENT (check	all that apply)						
Check	Credit Card	Money Order	No	ne Other (	please identi	fy):		
x Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCUL					-		·····	
	G, SEARCH, AND E	XAMINATION F	EES					
	FI	LING FEES	SE	ARCH FEES	EXAMII	NATION FEES	3	
Application Ty	ype Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	330		540	270	220	110	<u> </u>	
Design	220		100	50	140	70	<del> </del>	
Plant	220		330	165	170	85		
Reissue	330		540	270	650	325		
Provisional	220	110	0	0	0	0	***************************************	
		110	U	V	V	V		Small Entity
2. EXCESS CLAIM FEES Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple depend				390	195			
· -		s Fee (\$)	F	ee Paid (\$)	<u> </u>	Aultiple Depend	dent Claims	<u>i</u>
	- 20 or HP	x =				ee (\$) Fee Paid (\$)		<u>.</u>
HP = highest num	ber of total claims paid fo	r, if greater than 20.						
Indep. Claims Extra Claim		s Fee (\$)	F	Fee Paid (\$)				
- 3 or HP = x =								
HP = highest num	ber of independent claims	s paid for, if greater th	an 3.					
listings und	tion and drawings e er 37 CFR 1.52(e)),	the application s	ize fee du	e is \$270 (\$135 f	onically fi or small e	iled sequence of entity) for each	r computer additional 50	)
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 =/50 =(round <b>up</b> to a whole number) x =								
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00								
SUBMITTED BY	0							
Signature	Contrall	L#47575	-	Registration No. (Attorney/Agent)	32,181	Telephone	(703) 20	5-8000
Name (Print/Type) Marc S. Weiner					Date September 30, 2009			
1								